

**2013 Gorman-Metz Scholarship  
For a Graduate Student with a Disability**

**APPLICANT'S NAME:**  
(please print or type)

**STREET ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**SOCIAL SECURITY NUMBER:**

**DATE OF BIRTH:**

Type of Disability, how & when acquired: \_\_\_\_\_

What personal adaptations, ingenuity or assistive technologies have you utilized to enable you to successfully complete your academic program? \_\_\_\_\_

Note: The Scholarship Committee reserves the right to request documentation, e.g. school records, psychologist or medical report.

**PARENT EMPLOYED AT BROOKHAVEN:**

**NAME:**

**HOME ADDRESS:**

**DEPARTMENT/BNL MAIL DROP:**

**EMPLOYMENT DATE:**

**I. EDUCATION AND TRAINING**

List in descending chronological order all institutions of college grade attended as well as high school

NAME AND LOCATION OF SCHOOL OR COLLEGE	ENTERED MONTH YEAR	WITHDREW MONTH YEAR	GRADE AVERAGE	TYPE OF DEGREE CONFERRED OR TO BE CONFERRED	MAJOR	DATE OR EXPECTED DATE OF CONFERRAL

**NOTE: UNOFFICIAL COPY OF TRANSCRIPT FROM SCHOOL NOW BEING ATTENDED MUST BE ATTACHED TO THIS APPLICATION. OFFICIAL TRANSCRIPTS FROM EACH COLLEGE LEVEL EDUCATION INSTITUTION MUST BE SENT BY THE INSTITUTIONS TO THE DIVERSITY OFFICE.**

<b>II. GRE RESULTS</b>		
<b>EXAMINATION</b>	<b>SCORE</b>	<b>%</b>
<b>ANALYTICAL</b>		
<b>VERBAL</b>		
<b>QUANTITATIVE</b>		
<b>TEST DATE:</b> <input type="checkbox"/> I have not taken the GRE _____ <input type="checkbox"/> I am scheduled to take the GRE on _____		

<b>III. LIST ALL SCHOLARSHIPS, SCIENTIFIC STUDENT LEADERSHIP ROLES, HONORS, AWARDS, AND ANY OTHER RECOGNITION RELEVANT TO YOUR FIELD RECEIVED IN HIGH SCHOOL OR COLLEGE. INCLUDE ANY SCHOLARSHIP OR OFFICE OF ANY KIND HELD.</b>		
<b>AWARD/POSITION</b>	<b>PLACE</b>	<b>DATE</b>

<b>IV. PROFESSIONAL OR TECHNICAL REFERENCES</b> List three (3) people whom you will ask to send recommendation letters. (Enclose letters with the application)		
<b>NAME</b>	<b>ADDRESS</b>	<b>OCCUPATION</b>

<b>V. PROFESSIONAL GOALS</b> In a concise essay, summarize the objectives of your planned education program and your long range professional goals. Provide sufficient information for evaluation by a reviewer technically competent in your field. Attach your essay to this application. Limit your essay to one page, double spaced.
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VI. LIST ALL SERVICE ORGANIZATIONS OR VOLUNTEER ACTIVITIES IN WHICH YOU ARE (AND/OR HAVE BEEN) INVOLVED.		
ACTIVITY	ORGANIZATION	DATES OF INVOLVEMENT

VII. EMPLOYMENT HISTORY Start with present or last positions first, include summer and part-time work.			
EMPLOYED		EMPLOYER	SUPERVISOR'S NAME
FROM MO. YR.	TO MO. YR.	ADDRESS	SUPERVISOR'S TITLE
		TITLE	REASON FOR LEAVING
		DESCRIPTION OF DUTIES (please be specific)	
EMPLOYED		EMPLOYER	SUPERVISOR'S NAME
FROM MO. YR.	TO MO. YR.	ADDRESS	SUPERVISOR'S TITLE
		TITLE	REASON FOR LEAVING
		DESCRIPTION OF DUTIES (please be specific)	

## EMPLOYMENT HISTORY

EMPLOYED		EMPLOYER	SUPERVISOR'S NAME
FROM MO. YR.	TO MO. YR.	ADDRESS	SUPERVISOR'S TITLE
		TITLE	REASON FOR LEAVING
		DESCRIPTION OF DUTIES (please be specific)	

**IMPORTANT:** I authorize any of my references, universities and colleges attended, and all employers to furnish information requested by the scholarship committee and I hereby release all such persons and organizations and the committee from any claim for damages by reason of furnishing such information or records.

**SIGNATURE:**

**DATE:**

**APPLICATION DEADLINE: MARCH 4, 2013**

**MAIL TO: BNL DIVERSITY OFFICE  
BUILDING 400B  
P.O. BOX 5000  
UPTON, NY 11973-5000**